

Family Data Questionnaire

Unit Data

Unit: _____ SRP/APOE Date: _____
Deploying to: _____ Dates of Deployment: _____ to _____

Soldier Data

Name of Soldier:

Marital Status: _____ Is Spouse a Member of the Military? _____

Family Member Data

Primary Family Member Contact:

Relationship: _____ Email Address: _____ ☐ No E-Mail
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ ☐ Text?
Work Phone 2: _____ Cell Phone 2: _____ ☐

Alternate Family Member Contact:

Relationship: _____ Email Address: _____ ☐ No E-Mail
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ ☐ Text?
Work Phone 2: _____ Cell Phone 2: _____ ☐

Soldier's Children:

First Name	Last Name	Age	DOB	Address, if Different Than Soldier
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Are there any special needs, concerns, or issues with family members (pregnancy, living arrangements, locale, no relatives, medical, handicaps, learning disabilities, religious, etc.)? Explain Below:

Does Soldier have any relatives that are in the NDNG or Air National Guard or a civilian employee of the Guard?

Name: _____ Relationship: _____ Unit: _____

Religious Data

Religious Preference: _____ Church/City: _____